

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 07/20/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 07/20/2004					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8517	1	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	3	4	62 58
3404902	BLUE RIDGE COMM UNITY	8525	31	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.			
		0	0		0	31	31 0
3404904	WESTERN HIGHLAN DS LME	8517	51	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	76	129 53
		167	10	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM			
3404905	TREND COMM MENT AL HLTH CTR	8525	105	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.			
		8326	19	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	0	124	124 0
3404907	RUTHERFORD-POLK	8525	330	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.			
		191	29	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	359	359 0
3404910	PATHWAYS	8517	941	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
		8599	236	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	86	1344	12746 11402
		8931	75	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	151	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	192	305	1818 1513
		8517	38	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
3404913	MECKLENBURG COM ENTAL HEALT	8327	1362	ATTENDING PROVIDER NUMBER IS I NVALID. VERIFY ATTENDING PROVIDER NUMBER AND SUBMIT AS			
		8933	1063	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1650	4126	12351 8225
		8517	445	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			

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3404916	CROSSROADS BEHA VIOAL REAL	8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		273	4	FULL RECOUPMENT, PER YOUR REQU EST.	0	27	443	416
		8517	4	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404917	CENTERPOINT HUM AN SERVICES	8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	81	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	8	191	451	260
		8517	12	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8517	191	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	30	419	3272	2853
		21	66	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	8	83	3155	3072
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASHEL L AREA MH D	8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	29	DUPLICATE OF CLAIM-SYSTEM	13	162	5184	5022
		8517	27	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404921	ORANGE PERSON C HATHAM AREA	9312	241	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	135	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	46	575	3151	2576
		27	47	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	8517	4	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	6	155	149
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404925	SANDHILLS CENTE R FOR MH/DD	8599	702	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	186	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	135	1226	9051	7825
		8935	100	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8329	1901	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8000	115	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	26	2266	4316	2050
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8517	63	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	120	3444	3324
		5404	14	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404929	LEE HARNETT MH/ DD/SAS	21	8427	DUPLICATE OF CLAIM-SYSTEM				
		5404	583	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	2	9778	14649	4871
		8517	441	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	11	2049	2038
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404931	WAKE CO HUM SVC BILLING OF	8599	812	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	572	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	1385	2609	1224
		8327	1	ATTENDING PROVIDER NUMBER IS I NVALID. VERIFY ATTENDING PROVIDER NUMBER AND SUBMIT AS				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	215	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	9	388	1770	1382
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404934	ONSLOW COUNTY B EHAVIORAL H	23	447	SERVICE REQUIRES PRIOR APPROVAL				
		8517	6	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	0	457	472	15
		120	4	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	17	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
		8517	16	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	20	64	2795	2731
		120	9	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404937	EDGECOMBE NASH MNTL HLTH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404938	RIVERSTONE MENT AL HEALTH C	8517	1051	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8621	18	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.	14	1104	1659	555
		8599	9	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	72	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	53	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM	23	268	4034	3766
		8517	48	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
3404941	PITT CO MH/DD/S AS CENTER	8599	248	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	170	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	39	601	2301	1700
		11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANN UMAN SERVIC	8599	66	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	10	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	14	102	877	775
		8931	7	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404943	ALBEMARLE MENTAL HEALTH CE	8329	317	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8599	95	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	46	572	1035	463
		537	44	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				

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3404944	EASTPOINTE HUMA N SERVICES	8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	53	DUPLICATE OF CLAIM-SYSTEM	54	287	2152	1865
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8517	169	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		191	65	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	11	249	1608	1359
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404957	TIDELAND MENTAL HEALTH CTR	8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	47	217	3214	2997
		10	25	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	343	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	187	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	216	759	11897	11138
		191	53	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				